

Data Extract Guide – Provider <Customer Name>

| | |
|---------------------------------|-----|
| Client Name | |
| Data contact | TBD |
| Initiate Project Manager | |

Security

Strict confidentiality standards are adhered to at Initiate. We take this responsibility very seriously and enforce regulatory standards relating to the distribution, disclosure and retention of personal data. Unless otherwise instructed, Initiate destroys client media in accordance with an agreed upon timeframe.

For each section below, please provide responses to the questions and provide any additional information that you believe may be helpful in understanding your data environment and processes.

Sources of data

The following are the customer data sources and descriptions:

| Data Source (Vendor, Source, Version) | Description | Encounter data? | Client Expected Record Count (Not to Exceed) |
|--|--------------------|--|---|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | |
| | | | |

Structure of extract

| Question | Description | Response |
|--|--|---|
| What is your primary identifier? | This is the number used to uniquely identify a person. For example, it may be the MRN, Corporate ID, or SSN. <i>Briefly describe- note characters.</i> | |
| Does the primary ID have a meaningful prefix, suffix, or any other characteristic within the identifier? | <i>Describe any values in the identifier that represent a distinct population, such as a facility, type of customer, or region.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How is the primary ID assigned? | Indicate if the primary ID is assigned serially (sequentially), pulled from a pool or block, or created algorithmically. <i>Describe if block or algorithm.</i> | <input type="checkbox"/> Serial <input type="checkbox"/> Pool /block <input type="checkbox"/> Algorithm |
| Can you extract one record per primary identifier? | When you perform your data extract, are you able to pull one record per unique identifier? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you assign a secondary identifier? | For example, a Corporate ID where your local source ID would be the primary, or reverse (for integration, reporting, et cetera)? <i>Describe.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have multiple facilities (i) sharing the same MRN or (ii) assigning a unique MRN by facility? | In either one of these scenarios, a Corporate ID is being assigned and may or may not be known to the user, but the Corporate ID is linking the same-source, different facility identifiers? | <input type="checkbox"/> No <input type="checkbox"/> Yes- Sharing Same MRN <input type="checkbox"/> Yes- Assigning Unique MRN by facility |
| Do you have multiple facilities assigning a unique MRN by facility? | In this scenario, a Corporate ID is NOT being assigned but a facility-specific ID denotes the facility-origin of the identifier (i.e. SM = St. Mary's: SM123456). <i>Please describe the facility-specific identifier.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do multiple sources contain a shared identifier? | If you have a system-wide identifier to link customers across multiple systems, Initiate can assess the accuracy of these "pointers". | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have records without a primary identifier? | If you wish to include these in your evaluation, a primary identifier needs to be assigned prior to submitting the file, or Initiate can assign an identifier during processing. <i>Briefly describe.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can the source file contain "merged" records? | Customer acknowledges that merged records will be removed prior to sending the file to Initiate. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

File Characteristics

The information used to relate records is comprised of identifying information contained within source files. Formats and attribute content should conform to the specifications outlined in this guide. The listed required attributes are necessary for member matching. The richness of the attributes and the degree to which they are populated factors into the strength of our linking and matching. Additional attributes aid in validating records and provides meaningful context to the data.

The following is the agreed upon format of the source data for source XXXXXX:

| Field | Field | Description | Max Length | Format |
|-------|-------------------------|--|------------|-------------|
| 1. | Source* | Identifies source of data | 40 | Text |
| 2. | Source ID | Unique ID to source * | 60 | Text |
| 3. | Provider last name | Provider Last Name | 75 | Text |
| 4. | Provider first name | Provider First Name | 30 | Text |
| 5. | Provider middle name | Provider Middle Name | 30 | Text |
| 6. | Provider name suffix | Provider Suffix. This can be included with the Last Name also, if that's how the client has their data | 10 | Text |
| 7. | Provider Business Name | Business Name | 128 | Text |
| 8. | Federal Tax ID | Federal Tax ID | 40 | Text |
| 9. | Birth Date | Birth Date | 10 | YYYY-MM-DD |
| 10. | SSN | Social Security Number | 12 | NNN-NN-NNNN |
| 11. | Gender | Gender | 10 | Text |
| 12. | Primary Address Line1 | Provider Primary Address line 1 | 75 | Text |
| 13. | Primary Address Line 2 | Provider Primary Address line 2 | 75 | Text |
| 14. | Primary City | Provider Primary Address City | 30 | Text |
| 15. | Primary State | Provider Primary Address State | 2 | Text |
| 16. | Primary Zip Code | Provider Primary Address Postal code | 10 | Text |
| 17. | Business Address Line1 | Address line 1 - Business | 75 | Text |
| 18. | Business Address Line 2 | Address line 2 - Business | 75 | Text |
| 19. | Business City | City – Business | 30 | Text |
| 20. | Business State | State – Business | 2 | Text |
| 21. | Business Zip Code | Postal code - Business | 10 | Text |
| 22. | Billing Address Line1 | Address line 1 - Billing | 75 | Text |
| 23. | Billing Address Line 2 | Address line 2 - Billing | 75 | Text |
| 24. | Billing City | City – Billing | 30 | Text |
| 25. | Billing State | State – Billing | 2 | Text |
| 26. | Billing Zip Code | Postal code - Billing | 10 | Text |
| 27. | Other Address Line1 | Address line 1 - Other | 75 | Text |
| 28. | Other Address Line 2 | Address line 2 - Other | 75 | Text |
| 29. | Other City | City – Other | 30 | Text |
| 30. | Other State | State – Other | 2 | Text |

| | | | | |
|-----|---|---|-----|--|
| 31. | Other Zip Code | Postal code - Other | 10 | Text |
| 32. | Primary Phone Area Code | Primary Phone Area Code | 3 | XXX (text) |
| 33. | Primary Phone Number | Primary Phone Number | 20 | Text |
| 34. | Business Phone Area Code | Business Phone Area Code | 3 | XXX (text) |
| 35. | Business Phone Number | Business Phone Number | 20 | Text |
| 36. | Fax Number Area Code | Fax Number Area Code | 3 | XXX (text) |
| 37. | Fax Number | Fax Number | 20 | Text |
| 38. | Other Phone Area Code | Other Phone Area Code | 3 | XXX (text) |
| 39. | Other Phone Number | Other Phone Number | 20 | Text |
| 40. | Provider Role/Type | Provider Role/Type | 128 | Text –or- Enumerated Data: “INDIV” or “ORG” |
| 41. | National Provider Identifier | National Provider Identifier | 40 | Text |
| 42. | Drug Enforcement Administration ID | Drug Enforcement Administration ID | 40 | Text |
| 43. | Unique Physician Identification Number | Unique Physician Identification Number | 40 | Text |
| 44. | Medicare ID | Medicare ID | 40 | Text |
| 45. | Medicaid ID | Medicaid ID | 40 | Text |
| 46. | State ID | State ID | 40 | Text |
| 47. | State ID Issue Date | State ID Issue Date | 10 | YYYY-MM-DD |
| 48. | State ID License Status | State ID License Status | 128 | Text |
| 49. | Email Address | Email Address | 128 | Text |
| 50. | Web Address | Web Address | 128 | Text |
| 51. | Board Certification | Board Certification | 128 | Text |
| 52. | Credentials | Credentials | 128 | Text |
| 53. | Facility | Facility | 128 | Text |
| 54. | Medical School | Medical School | 128 | Text |
| 55. | License Class | License Class | 128 | Text |
| 56. | License Date | License Date | 128 | Text |
| 57. | License ID | License ID | 128 | Text |
| 58. | License Method | License Method | 128 | Text |
| 59. | License Status | License Status | 128 | Text |
| 60. | Registration Status | Registration Status | 128 | Text |
| 61. | Specialty | Specialty | 128 | Text –or- Enumerated Data: <LIST OF SPECIALTIES > |
| 62. | Status | Status | 128 | Text |

* Excludes non-surviving/merged records

Assumptions:



- ***Bold fields are required**
- Source ID is unique within the source
- Standard data load files for the Initiate™ software are pipe { | } delimited and include one header record with the source and extract date.
- Files are flat and will have CRLF present at the end of each line.
- Files are ASCII unless otherwise specified
- Delimited files require field placement
- All dates are in YYYYMMDD format
- *Max Length* indicates the maximum allowable length for data in the field (excess characters are dropped);

Data Characteristics

Data fields should be:

- Alphanumeric (A) characters, Left-justified
- Numeric (N) digits, Right-justified

Customization

The Initiate™ Identity Hub software is configurable to support additional attributes or different formats (changed field order, different delimiters, et cetera). These changes must be approved and documented as revisions to the above format prior to file submission so we can properly configure the software. Certain customizations could require a change to project pricing or schedules. Please coordinate any extract change requests with your Initiate Systems Project Manager.

****Preventing Extract Errors****

We do not process data that fail to meet the described criteria for Position, Length, Format, or Validation. We recognize that any large volume of data is likely to have unforeseen characteristics, so we recommend that you perform thorough quality assurance on your extracts before delivering them to us. Preliminary validation guidelines are included in the checklist below.

*When we encounter errors we provide you a reject log of the records we could not process. If there are a significant number of errors (greater than 0.05%) you may be required to provide another extract. **Reprocessing your data due to excessive extract errors may impact the project schedule and/or price.***

Media Delivery/Electronic Transmission

Initiate is dedicated to the safe and timely transport of your data. The following types of media are acceptable.

Other Compatible Media

- CD-ROM
- DVD
- IDE Internal/External Hard Drive
- JAZ
- ZIP



Online Data Transmission

- Initiate Systems offers electronic transfer of files through our secure ftp site. Each of our clients receives a dedicated, secure folder for your data transmission. Once the transmission is complete, Initiates' staff removes all data from the ftp site and stores it on a secure server to perform our data analysis. Only your Initiate project team has access to this data. The default ftp transmission mode is ASCII so you must specify BINARY mode for transmission of compressed files. Please coordinate with you project manager to arrange for data encryption, if necessary.

URL: <http://securetransfer.initiatesystems.com>

Username:

Password: [Project Manager to provide to extract resource via phone]

Data submission checklist

When we receive your data we perform the following series of checks to ensure that the quality, size, and format of the data are what we expected and agreed upon:

| Step | Description | Pass |
|--------------------------|--|--|
| Readable | Are the files readable? If they are zipped, can they be extracted and read in a plain text viewer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| File counts | What is the record count of each file? Does that match our expected record count? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary ID | Is the primary identifier unique throughout the source file? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Format | Does the date format for all date fields match our expected date format, including only valid dates? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name Format | Is the name format divided into first, middle, and last? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Non-printable characters | Does the file contain printable characters only? In other words, it does not include any non-printable characters. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| End of line terminator | Does the end of line terminator match the CRLF that we are expecting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Format | Does the file adhere to the agreed upon format? Is the correct delimiter used ()? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Source | Does the file contain a column that identifies each record as pertaining to a particular source? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Null value | Character(s) are not used to indicate a null value in any field. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Extra characters | Are there any extra characters or fields that we did not agree to in the format? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | |

Any indication of a 'No' in the questions above may require you to provide a new source extract.